

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567945

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Handwritten notes: In the 'AS FILED' column, claims 1-15 are marked with a checkmark. In the 'AFTER 1st AMENDMENT' column, claims 1-15 are marked with a checkmark. In the 'AFTER 2nd AMENDMENT' column, claims 1-15 are marked with a checkmark. At the bottom, 'TOTAL IND.' is 2, 'TOTAL DEP.' is 13, and 'TOTAL CLAIMS' is 15.

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Handwritten notes: In the 'AS FILED' column, claims 51-100 are marked with a checkmark. In the 'AFTER 1st AMENDMENT' column, claims 51-100 are marked with a checkmark. In the 'AFTER 2nd AMENDMENT' column, claims 51-100 are marked with a checkmark. At the bottom, 'TOTAL IND.' is 0, 'TOTAL DEP.' is 0, and 'TOTAL CLAIMS' is 0.